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Cumberland Council

Community Infection Prevention and Control Policy for Care Home staff

Patient placement and assessment for infection risk

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PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

1. Introduction

NHS England recommends that organisations adopt the *National infection prevention and control manual (NIPCM) for England,* complemented by care setting specific Policies. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced with detailed care home specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to as 'Patient placement/assessment for infection risk'.

Assessment for infection risk and subsequent correct resident placement is an essential infection prevention and control practice to prevent the spread of infection within Care Home settings.

Always use SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for Care Home settings'.

When caring for residents in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

It is a requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* to provide suitable, accurate information on infections to residents, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.

2. Definitions

Confirmed risk

A 'confirmed risk' resident has been confirmed by a laboratory test or clinical diagnosis, e.g. COVID-19, Multi-resistant Gram-negative bacteria (MRGNB), Meticillin resistant *Staphylococcus aureus* (MRSA), pulmonary tuberculosis (TB), scabies, seasonal influenza and enteric infections (diarrhoea and/or vomiting) including *Clostridioides difficile* (*C. difficile*).

Suspected risk

A 'suspected risk' resident is awaiting laboratory test results or clinical diagnosis to identify infections/organisms or has been in recent contact/close proximity to an infected person. Residents at suspected risk include those with diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms.

No known risk

A 'no known risk' resident does not meet either of the criteria above.

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3. Assessment for infection risk and communication

Prior to a resident's transfer to and/or from another health or social care provider, and on a continuous basis, an assessment for infection risk must be undertaken to identify those who may present a cross-infection risk. This ensures both the appropriate placement of the resident and that appropriate precautions are taken. Refer to the 'Isolation Policy for Care Home settings'.

This applies to all admissions, transfers and discharges between all health and social care facilities including:

- Admissions to hospital
- Transfers from or to another care home
- Attendance for treatment or support in another health or adult social care setting

Transfer documentation, e.g. patient passport or an 'Inter-health and social care infection control transfer Form' (available to download at www.infectionpreventioncontrol.co.uk), must be completed for all transfers, internal or external and whether the resident presents an infection risk or not.

When transferring a resident who has had diarrhoea of any cause in the past 7 days, staff should ensure they include the infection risk, history of type of stool (types 5-7 on the 'Bristol stool form scale', available to download at www.infectionpreventioncontrol.co.uk) and frequency of bowel movements during the past week. The history should be given in any verbal communication to the ambulance personnel and the receiving unit, to ensure that isolation facilities are identified.

The completed transfer documentation should be supplied to the receiving provider and a copy filed in the resident's notes.

Residents who may present a cross-infection risk include those:

- With diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms
- Confirmed to have been previously positive with multi-drug resistant organism, e.g. 'Meticillin resistant *Staphylococcus aureus'* (MRSA), 'Carbapenemase-producing Enterobacterales' (CPE)
- Who has been an inpatient in any hospital in the UK or abroad or are a confirmed epidemiological link to a carrier of CPE

In the unlikely event of a resident with a 'High consequence infectious disease' (HCID), the UKHSA and local Community IPC Team will provide guidance on an individual basis.

4. Resident placement

Transfer of a resident from another health or social care provider

- When residents are transferred from another health or social care provider, the

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transfer documentation must be checked for confirmed or suspected infection risks.

- The resident's current condition should be assessed prior to or on arrival to ensure appropriate infection prevention and control measures are in place, including isolation when required.
- SICPs should be followed for the care of all residents on transfer, whether they have a confirmed or suspected infection, or not.
- For further guidance on specific infections, refer to the relevant 'Community Infection Prevention and Control Policies for Care Home settings'. Advice can be sought from your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

Transfer of a resident to another health or social care provider

- If the resident is in the 'confirmed or suspected infection risk' group, the person completing the transfer documentation is responsible for advanced communication, e.g. by telephone, to the transport service at the time of booking and the receiving health or social care provider prior to the transfer, to enable them to make appropriate arrangements.
- Ensure that any leaking wounds are covered with an appropriate dressing as advised by a healthcare professional, e.g. GP, Tissue Viability Nurse, Community Nurse.

Isolation

When a resident has a confirmed or suspected infection, they may require isolation and additional TBPs in order to prevent spread to other residents. Residents who may present a potential risk include those with diarrhoea and vomiting, respiratory symptoms and fever.

Where possible, the resident should be isolated in their own bedroom, preferably with ensuite facilities, until they are no longer infectious or a risk to other residents. This situation may be frightening or frustrating for the affected resident, therefore, staff should discuss the situation with the resident and their family.

In some circumstances, for example residents with dementia, isolation may not be possible. In these cases, a careful risk assessment should be undertaken and a plan developed to minimise any risk of spread of the infection. All arrangements for isolation should be documented in the resident's care plan and reviewed as the situation develops.

It is important to report any signs of infection to your supervisor/manager as soon as possible so that a risk assessment can be completed.

For further information on isolation for residents, refer to the 'Isolation Policy for Care Home settings'.

5. Signage for visitors

Signage should be displayed at entrances advising visitors with infections, e.g. respiratory symptoms, diarrhoea and/or vomiting, other infectious conditions, not to enter the Care Home. In exceptional circumstances, they should inform receiving reception staff immediately on arrival.

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During an outbreak of infection in the Care Home, signage should be displayed at entrances informing visitors of the outbreak.

6. Evidence of good practice

It is recommended that, for assurance purposes, 'Patient placement and assessment for infection risk' is audited. This can be achieved by completing the 'SICPs Assurance: Annual IPC Audit Tool for Care Homes' available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-care-homes/

Following completion of the audit, an 'Action plan' should be drawn up and implemented to demonstrate continuous improvement.

7. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Patient placement and assessment for infection risk: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related*

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guidance

Department of Health (Updated September 2019) *Clostridium difficile infection: How to deal with the problem*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

9. Appendices

Appendix 1: Patient placement and assessment for infection risk: Quick reference guide

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NHS

Patient placement and assessment for infection risk: Quick reference guide

Importance of infection risk assessment and correct resident placement

- Infection risk assessments underpin decisions about appropriate resident placement and the necessary precautions.
- Infection risk assessments for residents should be undertaken:
  - Prior to transfer to another health or social care provider
  - Prior to transfer from another health or social care provider
  - On a continual basis

Confirmed risk

Laboratory test or clinical diagnosis of:

- COVID-19
- MRSA
- TB
- Scabies
- Influenza
- Enteric infections, including *Clostridioides difficile*
- Other transmissible infections

Suspected risk

- Awaiting test result or diagnosis.
- Contact with infected person.
- Presence of:
  - Diarrhoea
  - Vomiting
  - Unexplained rash
  - Fever
  - Respiratory symptoms

Infection risk communication

- Complete a patient passport or Inter-health and social care infection control transfer Form.
- If diarrhoea in past seven days, include details of stool type and frequency.
- If resident has confirmed or suspected infection, the transport service and receiving health or social care provider must be informed at time of booking/ prior to transfer.

Resident placement

- Follow SICPs regardless of infectious status.
- When a resident has a confirmed or suspected infection, they may require isolation and additional TBPs in order to prevent spread to other residents.
- Refer to relevant Community Infection Prevention and Control Policy for Care Home settings to determine if isolation is required.

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/

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